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THE EARLY OPERATION FOR HARE-LIP, WITH THE REPORT OF A CASE, ILLUSTRATIONS, ETC.

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Since my last contribution to the clinical study and operative procedures for deformities of congenital origin in the labial structures of the mouth, for "hare-lip," which was presented at the meeting of the American Medical Association, in Nashville, last May, I have completed the treatment of one case, and assumed charge of another; both with most gratifying results.

This last case, numbered 10 and 11 in the cuts, was two weeks old when sent to me for operation. As is seen in the picture, the lesion is the least extensive of the group, consisting in a cleft, which took the shape of an oblong notch, extending up to, and only separated from, the nostril by a very thin annular band of integument. It will be noticed that the gum is involved, and on the right side is rolled outward, pushing the lip before it on that side. On the other side, the free border of the lip hangs free, but is somewhat retracted by the combined action of the *risorious* and the *levator-anguli-oris* muscles.

The cleft involved only the gum, and without the displaced alveolar process, would show no evidence of cleavage; *i. e.*, it was attributable to faulty or defective development, and not to any lack of tissue, as some maintain is the cause in these cases.

As this baby was very young, and the mother had two good breasts of milk, it was important to remedy the defect in as short a space of time as possible. In order to do this, I commenced by doing an osteo-clasis, under ether. I first refastened the separated alveolar margins of the gums, then seizing the jaw on the

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right side, used sufficient force to press the displaced segment back, until it was lodged where it belonged, and the alveolar-arch was completed. This step of the operation completed, the divided vermillion-border of the lip came into immediate apposition, without strain or tension. The separated gums were now firmly retained in position by a double girder of heavy silver-wire, clamped with flattened shot on both ends. The superficial cleft in the lip was now dealt with, after the method of the Irish surgeon, Collins. The beveled borders of the fissure in the lip were slit in a vertical direction, and the mucous and the cutaneous borders sutured with fine silk, separately. I had all spouting from the coronaries controlled by my "temporary transfixation ligature," which was introduced and tied tightly before the scalpel was used, thereby making the operation practically bloodless. The most rigorous antisepsis was maintained throughout.

The morning following operation, the temperature registered 99¼°. On the fourth day it was normal.

Union was complete on the seventh day, when the silk sutures were removed. Two weeks later the deep wire rivets were displaced. The result was ideal in every respect.

It may be interesting to know that the case was clearly the result of *maternal impression.*

The mother was in this country four months when she was delivered of this son. She said that in Germany, where she came from, they lived on a farm and kept cows. In the out-house with the cattle, she had goats and pet rabbits. One morning, she said, when she went out to milk the cows, a large black rabbit sprung out from under some fodder and gave her a great start, and she was thereafter much worried about it, as it is a common tradition in her country that these rodents are the cause of these deformities.

CONCLUSIONS.

It may not be amiss to state the reasons why I assume that the early operation is the most successful and simplest of performance, and to distinctly emphasize the importance of giving due attention to what I regard as indispensable for good results.

By the early operation, I mean an operation as soon as the baby is born, the same day if possible. Certainly cases can be successfully dealt with later, but not with the ease and certainty as at an earlier date. In the first place, from a consideration of the mother, the daily observation of the horrible grimace, which some of those distorted features present, is liable to make an impression which may manifest itself in the way of a duplicate defect in the succeeding offspring. This is proven by the fact that in two of those six cases, the immediate preceding infants were similarly marked. Thus the mother is spared her painful apprehensions of her child's future. If she have milk, the operation will enable the baby to grasp and drain the nipple.

With the baby, the bones are in their formative stages of development, cartilaginous and flexible, and can be readily bent and replaced without resort to osteotomy. Hæmorrhage, which is so fatal in early life, is almost *nil* with the arteries cut off temporarily during operation. Again, not the slightest particle of tissue is pared away or wasted. By the time dentition commences, the bone has taken shape and is solidly fixed. Antiseptics must be faithfully and systematically applied. The whole success of the plastic part of the operation, depends on asepsis; and so near the mouth and nose, the most diligent and intelligent care is indispensable during the first few days. If the wound becomes infected during the first week, failure is sure to follow. First, by an

irritative fever with ulceration of the edges of the seam, and tearing out of the sutures, and: Second, through interference with the infant's nutrition.

Along with the foregoing, it is all-important that the case has the best nursing, and for this, no one can take the mother's place. With the combination here recommended in cases of hare-lip—hæmostasis, antiseptics, osteoclasis, and conservation of tissues soft and hard—along with very early age, I believe the practitioner can secure better results than by any other.

As the limits of this article will not permit me to go fully into the pathology, origin, and variety of those malformations, and all the *technique* of surgical management, I must content myself with what I have here outlined; but in closing, I earnestly exhort every practitioner never, *under any circumstances*, to remove or exsect that intermaxillary tubercle, or allow another to do so; for, be it remembered that in this tubercle are *always* imbedded the follicles for four teeth, the two central and two lateral incisors, which not only give form and expression to the face, and facilitate the division and grinding of aliment, but, besides, make speech a possibility. The infant's whole future, so far as appearance and health go, depend on the cautious and effectual reposition of this insignificant tuft of bone; hence we should spare it at all hazards.

The next case (Figs. 1 and 2) was operated on when eight days old. Deformity consisted of an opening in the left side, through the integument, gum, and anterior margin of palate vault, into the nasal cavity, the nostril included. Ten days after operation all the superficial sutures were removed, and the infant again took the nipple.

FIG. 1.—Baby eight days old, before operation.

FIG. 2.—Same, after operation.

This infant (Figs. 3 and 4) was operated on when six days old. The deformity consisted of a cleft through the left lip integuments into the nostril, and through the hard and soft palates, opening through the roof of the mouth and

FIG. 3.—Baby before operation.

FIG. 4.—Same after operation.

floor of the nares, to the outer side of the septum. There was great displacement outward and forward of the right labial segment of the soft parts, a wide deflection in the same direc-

tion of the supra-maxillary bone, and a collapse, or falling in, of the nasal column, obliterating both nares. The vermilion border of the lower lip was everted, and the angular commissure of the mouth widened and distorted.

FIG. 5.—Baby six months old, before operation.

FIG. 6.—Same two months after operation.

The case above (Figs. 5 and 6) was the second of three on whom I have operated within a year, who had precisely the same anatomical mal-formation. He was the oldest of the three at the time of operation.

He had a double-cleft through the hard and soft parts, opening widely into the nasal cavities, making sucking an impossibility, and deglution or swallowing very difficult unless he was placed on his back and the liquid fairly poured into the pharynx. His nasal secretions mingled with the salivary and kept up a constant drooling from the mouth. The intermaxillary tubercle was crowded forward and upward against the nasal-apertures, and was being pushed further out by the lateral margins of the maxillary-alveolar borders, which, owing to the long time since birth, had advanced underneath to almost meet.

This boy-baby's (Figs. 7 and 8) deformity is almost identical with the preceding; *i. e.*, both the oral and nasal cavities were thrown into one, and pressed well foward the hypertrophied perpendicular plate of the ethmoid. Swallowing was attended with the free issue of slaver from the mouth and nose.

FIG. 7.—Baby three weeks old before operation.

FIG. 8.—Same three months after operation.

This case, owing to misadventure and preventable causes, which, however, I was not wholly able to control, required three consecutive operations before solid and compact union of the deep and superficial structures was effected.

FIG. 9.—Baby two months old, before operation. Death precluded obtaining a picture showing results.

I operated on this infant (Fig. 9) last August (1889). The condition was one of double-cleft of the classical variety. Union was rapid and satisfactory, but during the third week after operation the baby developed cholera infantum, and died.

FIG. 10.—Baby two months old before operation.

FIG. 11.—After operation.

In this (Figs. 10, 11) baby, as with the other cases of unilateral fissuring of the parts, the division was on the left side. The division, as is seen, was not through the entire soft parts exteriorly, but the alveolar process was split in two. After doing an osteo-clasis on the superior maxilla on the side corresponding to the cleft, the approximation of the separated edges was very easy. On the seventh day, complete union was had, the superficial sutures removed, and the baby returned to the breast.

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